

# Orthodontia Expenses (Braces)

## Flexible Spending Accounts (FSA)

Employees may use their Health Care FSA for orthodontia expenses (braces), **however there are specific rules and guidelines.**

The State of Delaware allows employees to be reimbursed for a **reasonable** down payment (at the time this payment is made), and a monthly contracted amount. **Claims submitted for upfront payments paid in full will not be eligible for reimbursement under the State of Delaware's Health Care FSA.**

**If such payments are made on an ASIFlex Debit Card, the employee may be required to pay the amount back to the Plan.**

### How do I receive reimbursement for Orthodontia Expenses?

In order to receive reimbursement for orthodontia expenses (braces), **a copy of the original contract must be submitted to ASIFlex showing the total dollar amount the participant is responsible for**, less any down payment amount as well as the estimated length of time the treatment will last.

**Orthodontia expenses (braces) are incurred at the time a monthly payment is due and paid.** These monthly payments **must** be spread out evenly over the expected period of treatment. You may also submit a claim for a reasonable down payment of the orthodontic treatment if the down payment is made at the time the braces are placed.

#### Important things to consider:

- ↳ Claims for payments made prior to being due or that otherwise do not meet the above requirements **will not be processed.**
- ↳ Claims for the entire fee paid at the beginning of treatment or claims for an entire year's payments made at the beginning of the year **will not be processed.**
- ↳ To claim a **reasonable** down payment, you must include a copy of the treatment contract and payment schedule along with proof of payment or a receipt of payment stating the date the braces were placed.

**Example:** Pat works for the State of Delaware and her Health Care FSA **does not** allow full upfront payment. Pat makes a reasonable down payment of \$1,000 and arranges monthly installments for the 15 month contract period of \$200 per month. Pat submits **1) Copy of the Contract 2) Proof of Payment for the Down Payment and 3) Proof of Payment for the first monthly installment** to ASIFlex for reimbursement.

Each month an installment payment is made to the orthodontist, Pat submits proof of payment to ASIFlex for reimbursement, until the 15 month contract expires.

**If you have questions about using your Health Care FSA dollars for orthodontia expenses, visit [www.asiflex.com](http://www.asiflex.com) or email [asi@asiflex.com](mailto:asi@asiflex.com).**



#### Contact Statewide Benefits Office with Questions:

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